

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> CARNIVAL TYME FUNNEL CAKE	<b>Telephone Number</b>  Est  Own	<b>Date of Inspection</b>  10/04/2021	<b>ID#</b>
<b>Address</b> 1411 SR 3, EATON IN 47303			
<b>Owner</b> GARY HUGHES	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 10/14/2021
<b>Owner's Address</b> ,		<b>Menu Type</b> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Person in Charge</b> MICHELL BREWER			
<b>Responsible Person's Email</b> MMICHELLEBREW2001@GMAIL.COM			
<b>Certified Food Handler</b> N/A			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
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**Summary of Violations**      C    \_\_\_\_\_    NC    \_\_\_\_\_    R    \_\_\_\_\_

Received by (name and title printed):

Inspected by (name and title printed):

Thomas Snider CFS

Received by (signature):

Inspected by (signature):

*Thomas Snider*

cc:

cc:

cc: